

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SAVE AMERICA

ADDRESS (number and street)

P.O. BOX 13570

Check if different  
than previously  
reported. (ACC)

ARLINGTON

VA

22219

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

C00762591

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y  
11 08 2022in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2022

through

M M / D D / Y Y Y Y Y Y  
10 19 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

CRATE, BRADLEY, T, ,

Type or Print Name of Treasurer

Signature of Treasurer

CRATE, BRADLEY, T, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 31 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SAVE AMERICA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2022

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2022</span>		<span style="border: 1px solid black; padding: 2px;">105445452.02</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">92280487.26</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">25559.90</span>	<span style="border: 1px solid black; padding: 2px;">22294473.85</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">92306081.70</span>	<span style="border: 1px solid black; padding: 2px;">127739925.87</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">22583163.71</span>	<span style="border: 1px solid black; padding: 2px;">58017007.88</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">69722883.45</span>	<span style="border: 1px solid black; padding: 2px;">69722917.99</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">1458600.94</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**SAVE AMERICA**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	2	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13129.00	498604.75
(ii) Unitemized .....	11405.53	76379.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24534.53	574984.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3513855.15
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24534.53	4088839.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	18189498.05
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1025.37	1386.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	14750.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25559.90	22294473.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25559.90	22294473.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1933163.71	28525254.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1933163.71	28525254.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000000.00	25040000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	752.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	752.97
29. Other Disbursements (Including Non-Federal Donations).....	650000.00	4451000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22583163.71	58017007.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22583163.71	58017007.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24534.53	4088839.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	752.97
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24534.53	4088086.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1933163.71	28525254.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1025.37	1386.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1932138.34	28523868.34

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5H-CB

Form/Schedule: F3XA

Transaction ID :

The Committee submits this statement to provide clarification on certain entries reflected on the Committee's Pre-General ('the Report'). With respect to any contributions by LLCs, contributors with mailing addresses outside of the United States, or non-federal committees reflected on the Report, the Committee has safeguards in place consistent with FEC regulations and guidance to ensure that all contributions are made by permissible contributors, using permissible funds. Furthermore, the Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required on the Report for these expenditures under FEC regulations. Any difference in the amount of reimbursement live entries and their supporting memo entries is the result of reimbursements to vendors that did not exceed the \$200 itemization threshold for the election cycle.

Form/Schedule: F3XA

Transaction ID:

The Committee follows the three-fold process required to meet the Commission's best efforts standards. Every solicitation includes a clear and conspicuous request for contributor information and informs the contributor of the requirements of federal law for the reporting of such information. If the information is not initially received, within 30 days of receipt, the contributor receives a request to provide this information. Any follow up request clearly asks for the missing information and does not contain a solicitation for a new contribution. These requests are generally made by phone or email or by letter. This request restates the requirements of federal law for the requesting and reporting of such information. If the request is sent by mail, it includes a pre-addressed return envelope. If the information is received by the Committee, it is updated and the affected report will be amended to reflect the new information or the Committee will submit the new information via miscellaneous filing.

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ALMOND, JOHN, , ,**

Mailing Address 1142 STOKES RD

City  
CANTONState  
MSZip Code  
39046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2022

Transaction ID : SA11AI.81663863

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHUNG, JIN, H, ,**

Mailing Address 3515 146TH ST. #2B

City  
FLUSHINGState  
NYZip Code  
11354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2022

Transaction ID : SA11AI.81813707

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CUTSHALL, EARL, , ,**

Mailing Address PO BOX 401119

City  
HESPERIAState  
CAZip Code  
92340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2022

Transaction ID : SA11AI.81663865

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1520.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCTAVISH, ELSA, , ,

Mailing Address 40 BROOKHAVEN DR

City  
LITTLETONState  
COZip Code  
80123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

Transaction ID : SA11AI.81813714

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EXCESS TO BE REATTRIBUTED OR REFUNDED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2022

Transaction ID : SA11AI.81633061

Amount of Each Receipt this Period

- 93.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2022

Transaction ID : SA11AI.81659364

Amount of Each Receipt this Period

1190.30

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 72  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHAPMAN, ANDREA, , ,**

Mailing Address 211 IOWA ST

City  
SANTA ROSAState  
CAZip Code  
95401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2022

Transaction ID : SA11AI.81659412

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHEN, CHIN, , ,**

Mailing Address 950 IVY PARKWAY DR

City  
HOUSTONState  
TXZip Code  
77077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2022

Transaction ID : SA11AI.81659442

Amount of Each Receipt this Period

95.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DIREWOLF, TRAVIS, , ,**

Mailing Address 3118 STERLING ST

City  
ABILENEState  
TXZip Code  
79606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAFOccupation (for Individual)  
MILITARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2022

Transaction ID : SA11AI.81659417

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

**SUBTOTAL** of Receipts This Page (optional)..... ►

240.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MURPHY, JEFF, , ,**

Mailing Address 3910 W 6TH AVE

City  
STILLWATERState  
OKZip Code  
74074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNION PACIFICOccupation (for Individual)  
SIGNAL SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2022

Transaction ID : SA11AI.81659422

Amount of Each Receipt this Period

42.75

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NICHOLS, GINGER, , ,**

Mailing Address 101 PROMONTORY RD

City  
COLUMBIAState  
SCZip Code  
29209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2022

Transaction ID : SA11AI.81659395

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PAZ, SINFOROSO, , ,**

Mailing Address 4805 BARTLETTS VISION DR

City  
BOWIEState  
MDZip Code  
20720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

427.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2022

Transaction ID : SA11AI.81659428

Amount of Each Receipt this Period

42.75

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WENDT, BARBARA, , ,**

Mailing Address 13017 PARKTREE CT

City  
NAPLES

State  
FL

Zip Code  
34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2022

**Transaction ID : SA11AI.81659401**

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOODY, ROGER, , ,**

Mailing Address 8332 STORM CHASER DR

City  
FORT WORTH

State  
TX

Zip Code  
76131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2022

**Transaction ID : SA11AI.81659439**

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81659364]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2022

**Transaction ID : SA11AI.81687343**

Amount of Each Receipt this Period

427.06

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALLENBECK, GEORGE, , ,**

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORD

State  
CT

Zip Code  
06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2022

**Transaction ID : SA11AI.81687439**

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81687343]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLINGTON, ANDREW, , ,**

Mailing Address 240 MONTCLAIR LN

City  
SALINAS

State  
CA

Zip Code  
93906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2022

**Transaction ID : SA11AI.81687425**

Amount of Each Receipt this Period

23.75

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81687343]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11AI.81690242**

Amount of Each Receipt this Period

697.29

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.75

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORDState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2022

Transaction ID : SA11AI.81690399

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81690242]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2022

Transaction ID : SA11AI.81775526

Amount of Each Receipt this Period

732.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORDState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2022

Transaction ID : SA11AI.81775559

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81775526]

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERRICK, STEVEN, , ,

Mailing Address 684 MARGARITA AVE

City  
CORONADOState  
CAZip Code  
92118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2022

Transaction ID : SA11AI.81775561

Amount of Each Receipt this Period

47.50

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81775526]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2022

Transaction ID : SA11AI.81778779

Amount of Each Receipt this Period

217.45

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2022

Transaction ID : SA11AI.81790760

Amount of Each Receipt this Period

1817.16

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

47.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLETCHER, TOM, , ,

Mailing Address 5545 OAKDALE CT

City  
LEWIS CENTERState  
OHZip Code  
43035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2022

Transaction ID : SA11AI.81790835

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81790760]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORDState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2022

Transaction ID : SA11AI.81790804

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81790760]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORDState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2022

Transaction ID : SA11AI.81790805

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81790760]

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALLENBECK, GEORGE, , ,**

Mailing Address 22 VAN RENSSELAER AVE

City  
STAMFORDState  
CTZip Code  
06902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2022

**Transaction ID : SA11AI.81790806**

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81790760]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LE, THU, CUC THI, ,**

Mailing Address 10056 18TH AVE SW

City  
SEATTLEState  
WAZip Code  
98146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELLEROccupation (for Individual)  
TRAVEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	10	2022

**Transaction ID : SA11AI.81790841**

Amount of Each Receipt this Period

42.75

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81790760]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	17	2022

**Transaction ID : SA11AI.81806465**

Amount of Each Receipt this Period

954.51

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67.75



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARR, MARIE, , ,**

Mailing Address 3673 COCHRAN HWY

City  
EASTMANState  
GAZip Code  
31023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2022

Transaction ID : SA11AI.81806825

Amount of Each Receipt this Period

47.50

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81806465]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2022

Transaction ID : SA11AI.81810135

Amount of Each Receipt this Period

169.26

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CRAMP, COLIN, , ,**

Mailing Address 110 GEMSTONE

City  
BOERNEState  
TXZip Code  
78006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2022

Transaction ID : SA11AI.81811122

Amount of Each Receipt this Period

- 47.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.81810135]; CHARGEBACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRAGG, JOHN, , ,**

Mailing Address 2125 MAMMATUS DR

City  
SPARKS

State  
NV

Zip Code  
89441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2022

**Transaction ID : SA11AI.81858870**

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81858135]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALL, TIM, , ,**

Mailing Address 600 MUD CREEK RD

City  
ALBANY

State  
GA

Zip Code  
31721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2022

**Transaction ID : SA11AI.81858894**

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81858135]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NELSON, GERALD, , ,**

Mailing Address 10871 HARROGATE PL

City  
SANTA ANA

State  
CA

Zip Code  
92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2022

**Transaction ID : SA11AI.81858848**

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81858135]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

594.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

**10** / **19** / **2022**

**Transaction ID : SA11AI.81846947**

Amount of Each Receipt this Period

378.64

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. NEFF, RICHARD, , ,

Mailing Address 103 BITTERN CT

City  
LADSON

State  
SC

Zip Code  
29456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
AFFORDABLE BUSINESS MACHINES INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**10** / **19** / **2022**

**Transaction ID : SA11AI.81895965**

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.81895374]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

**10** / **19** / **2022**

**Transaction ID : SA11AI.81858135**

Amount of Each Receipt this Period

1545.37

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : SA11AI.81865172

Amount of Each Receipt this Period

2418.14

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : SA11AI.81877836

Amount of Each Receipt this Period

345.23

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82203.01

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : SA11AI.81895374

Amount of Each Receipt this Period

255.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

13129.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 72

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. UNITEDHEALTH GROUP

Mailing Address PO BOX 1459

City  
MINNEAPOLIS

State  
MN

Zip Code  
55440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2022

Transaction ID : SA15.81752149

Amount of Each Receipt this Period

970.37

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2022

Transaction ID : SA15.1

Amount of Each Receipt this Period

55.00

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.37

1025.37

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACE SPECIALTIES, LLC**

Mailing Address PO BOX 80427

City  
LAFAYETTEState  
LAZip Code  
70598Purpose of Disbursement  
COLLATERAL: CAPS, SIGNS, & FREIGHT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92119**

Amount of Each Disbursement this Period

7795.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACUMEN SOLUTIONS GROUP LLC**

Mailing Address 600 BROADHOLLOW ROAD SUITE 200

City  
MELVILLEState  
NYZip Code  
11747Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92108**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACUMEN SOLUTIONS GROUP LLC**

Mailing Address 600 BROADHOLLOW ROAD SUITE 200

City  
MELVILLEState  
NYZip Code  
11747Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92214**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13295.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BCVM SERVICES LLC**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			12			2022			

Mailing Address 1512 E BROWARD BLVD  
UNIT 104BCity  
FORT LAUDERDALEState  
FLZip Code  
33301Purpose of Disbursement  
RADIO ADVERTISING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.92157

Amount of Each Disbursement this Period

20500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BELMONT STRATEGIES LLC**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			03			2022			

Mailing Address 184 WEST BOYLSTON ST.

City  
WEST BOYLSTONState  
MAZip Code  
01583Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.92103

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. C&M TRANSCONTINENTAL, LLC**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			10			2022			

Mailing Address 186 TALMAGE RD

City  
MENDHAMState  
NJZip Code  
07945Purpose of Disbursement  
ADVANCE CONSULTING & TRAVEL EXPENSES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.92111

Amount of Each Disbursement this Period

15093.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45593.23
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHAIKENLAW LTD.**

Mailing Address ONE ATLANTIC CENTER

1201 W. PEACHTREE STREET STE 2300

City  
ATLANTAState  
GAZip Code  
30309Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2022

FEC Identification Number

**C****Transaction ID : SB21B.92107**

Amount of Each Disbursement this Period

35291.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRIS KISE & ASSOCIATES, P.A.**

Mailing Address 6788 HEARTLAND CIR

City  
TALLAHASSEEState  
FLZip Code  
32312Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2022

FEC Identification Number

**C****Transaction ID : SB21B.92387**

Amount of Each Disbursement this Period

370169.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITY OF STERLING HEIGHTS**Mailing Address 40555 UTICA ROAD  
PO BOX 8009City  
STERLING HEIGHTSState  
MIZip Code  
48311Purpose of Disbursement  
SECURITY SERVICES

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2022

FEC Identification Number

**C****Transaction ID : SB21B.92225**

Amount of Each Disbursement this Period

7016.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

412476.99



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. CLAYTON HENSON CONSULTING, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	2	2		

Mailing Address 7341 PATCH COURT

FEC Identification Number

**C****Transaction ID : SB21B.92182**

Amount of Each Disbursement this Period

13317.95

☐ Memo ItemCity  
CANAL WINCHESTERState  
OHZip Code  
43110Purpose of Disbursement  
STRATEGY CONSULTING & TRAVEL EXPENSES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. COMPASS LEGAL SERVICES, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	2		

Mailing Address 300 INDEPENDENCE AVENUE, SE

FEC Identification Number

**C****Transaction ID : SB21B.92126**

Amount of Each Disbursement this Period

15000.00

☐ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CONTINENTAL PLLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	2	2		

Mailing Address 255 ALHAMBRA CIRCLE  
SUITE 640

FEC Identification Number

**C****Transaction ID : SB21B.92222**

Amount of Each Disbursement this Period

172344.11

☐ Memo ItemCity  
CORAL GABLESState  
FLZip Code  
33134Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200662.06

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. DEX IMAGING**

Mailing Address PO BOX 17299

City  
CLEARWATERState  
FLZip Code  
33762Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92150**

Amount of Each Disbursement this Period

150.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOUGLAS COUNTY & UNINCORPORATED TOWNS**

Mailing Address PO BOX 218

City  
MINDENState  
NVZip Code  
89423Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92029**

Amount of Each Disbursement this Period

19820.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EARTH & WATER LAW, LLC**

Mailing Address 1455 PENNSYLVANIA AVE NW STE 400

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92242**

Amount of Each Disbursement this Period

12935.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32905.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ELECTIONS, LLC**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2022

FEC Identification Number

**C****Transaction ID : SB21B.92109**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EVENT STRATEGIES, INC.**Mailing Address 510 KING STREET  
SUITE 410City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
AUDIO VISUAL SERVICES, EVENT STAGING EXPENSE & TRAVEL  
EXPENSES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2022

FEC Identification Number

**C****Transaction ID : SB21B.92179**

Amount of Each Disbursement this Period

413077.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GABRIEL STRATEGIES LLC**

Mailing Address PO BOX 10

City  
RUMSONState  
NJZip Code  
07760Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2022

FEC Identification Number

**C****Transaction ID : SB21B.92025**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

438077.94

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. GEORGETOWN ADVISORY**

Mailing Address 414 SAYRE DR.

City  
PRINCETONState  
NJZip Code  
08540Purpose of Disbursement  
MEETING EXPENSE REIMBURSEMENT: MEALS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				11				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92029**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GREATAMERICA FINANCIAL SERVICES**

Mailing Address PO BOX 660831

City  
DALLASState  
TXZip Code  
75266Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92150**

Amount of Each Disbursement this Period

573.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HABBA MADAI & ASSOCIATES LLP**

Mailing Address 1430 U.S. HIGHWAY 206, SUITE 240

City  
BEDMINSTERState  
NJZip Code  
07921Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				11				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92235**

Amount of Each Disbursement this Period

151763.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

152737.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HERVE PIERRE BRAILLARD**

Mailing Address 225 5TH AVENUE #9K

City  
NEW YORKState  
NYZip Code  
10010Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92118**

Amount of Each Disbursement this Period

18000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HIGH GROUND STRATEGIES LLC**

Mailing Address 1501 42ND STREET, SUITE 500

City  
WEST DES MOINESState  
IAZip Code  
50266Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92103**

Amount of Each Disbursement this Period

9505.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HUMANA**

Mailing Address 500 WEST MAIN STREET

City  
LOUISVILLEState  
KYZip Code  
40202Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.91346**

Amount of Each Disbursement this Period

394.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27900.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOHN F. LAURO, P.A.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2022

Mailing Address 400 N. TAMPA STREET 15TH FLOOR

City  
TAMPAState  
FLZip Code  
33602Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92077**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JPROWLEY LAW PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2022

Mailing Address 8639 CHASE GLEN CIR.

City  
FAIRFAX STATIONState  
VAZip Code  
22039Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92179**

Amount of Each Disbursement this Period

24854.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JPROWLEY LAW PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

Mailing Address 8639 CHASE GLEN CIR.

City  
FAIRFAX STATIONState  
VAZip Code  
22039Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92222**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

99854.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. MAGNOLIA MANAGEMENT LLC**

Mailing Address 4160 NW 58TH STREET

City  
COCONUT CREEKState  
FLZip Code  
33073Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92269**

Amount of Each Disbursement this Period

9166.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW AGE CONSULTING LLC**

Mailing Address 1712 PIONEER AVE. SUITE 500

City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				14				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92103**

Amount of Each Disbursement this Period

8333.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OVG FACILITIES, LLC**

Mailing Address 1100 GLENDON AVE, SUITE 2100

City  
LOS ANGELESState  
CAZip Code  
90024Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				06				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92211**

Amount of Each Disbursement this Period

4788.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22287.99

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. PARSCALE STRATEGY, LLC**

Mailing Address 1512 E BROWARD STE #104B

City  
FORT LAUDERDALEState  
FLZip Code  
33301Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92102**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMBROSINI, CHRISTOPHER, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				14				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4583.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BALL, LUKE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				14				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

3313.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17896.83



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BOBB, CHRISTINA, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

6025.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDOWICH, TAYLOR, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4820.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CENTINELLO, DARREN, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

5057.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15903.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. D'ANTUONO, HAYLEY, L, ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4075.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DRISCOLL, MACKENZIE, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

973.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FAUPEL, MADISON, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

3717.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8766.11

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FINZER, MARY, C, ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

2751.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HALLIGAN, LINDSEY, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

7256.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARP, NATALIE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4658.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14666.61

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HARRIS, CHAMBERLAIN, R, ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

3232.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRISON, WILLIAM, B, ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4557.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEICHTER, GRANT, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

990.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8780.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. MARTIN, MARGO, M, ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4800.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MILLER, JOANNA, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4088.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILLER, STEPHEN, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4193.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13082.89

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. NAUTA, WALTINE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

5227.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PATTON, LYNNE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

4658.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PORTER, MADISON, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

2756.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12642.64

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

# SAVE AMERICA

**A. SCAVINO, DANIEL, , ,**

Date of Disbursement



Zip Code  
22219

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

FEC Identification Number

C

**Transaction ID : SB21B.92306**  
Amount of Each Disbursement this Period

4915.12

Memo Item

**B. SHEW, ELIZABETH, K.**

Date of Disbursement

M M / D D / Y Y Y Y  
10 14 2022

Zip Code  
22219

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:  District:

FEC Identification Number

C

**Transaction ID : SB21B.92306:**  
Amount of Each Disbursement this Period

3843.63

Memo Item

**C. THOMPSON, DESIREE, , ,**

Date of Disbursement

M M / D D / Y Y Y Y  
10 14 2022

Zip Code  
22219

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

FEC Identification Number

C

**Transaction ID : SB21B.9230€**  
Amount of Each Disbursement this Period

4943.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

13701.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. THURSTON, ELIZA, C, ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

3986.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VANHOOSIER, SAM, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

973.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL TAXES AND WITHHOLDINGS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

52794.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

57754.66

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2022			

Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92306**

Amount of Each Disbursement this Period

259.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2022			

Mailing Address 138 CONANT ST  
STE 201City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92129**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RELX INC. DBA LEXISNEXIS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2022			

Mailing Address P.O. BOX 9584

City  
NEW YORKState  
NYZip Code  
10087Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92102**

Amount of Each Disbursement this Period

2817.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

28076.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. TRISHUL, LLC**Mailing Address 919 FLORIDA AVE NW  
SUITE 101City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92178

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITEDHEALTH GROUP**

Mailing Address PO BOX 1459

City  
MINNEAPOLISState  
MNZip Code  
55440Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92307

Amount of Each Disbursement this Period

4980.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VAN DER VEEN, HARTSHORN AND LEVIN**

Mailing Address 1219 SPRUCE ST

City  
PHILADELPHIAState  
PAZip Code  
19107Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92294

Amount of Each Disbursement this Period

100000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

119980.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. VAN DER VEEN, HARTSHORN AND LEVIN**

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	2	

Mailing Address 1219 SPRUCE ST

City  
PHILADELPHIAState  
PAZip Code  
19107Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92388**

Amount of Each Disbursement this Period

168942.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2	

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92071**

Amount of Each Disbursement this Period

18.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	2	

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
TypeOffice Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92091**

Amount of Each Disbursement this Period

4.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

168965.59

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	2	2		

FEC Identification Number

**C**

Transaction ID : SB21B.92137

Amount of Each Disbursement this Period

25.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	2	2		

FEC Identification Number

**C**

Transaction ID : SB21B.92169

Amount of Each Disbursement this Period

52.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	2	2		

FEC Identification Number

**C**

Transaction ID : SB21B.92195

Amount of Each Disbursement this Period

19.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.01



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2022

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92303**

Amount of Each Disbursement this Period

74.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2022

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92329**

Amount of Each Disbursement this Period

37.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2022

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.92355**

Amount of Each Disbursement this Period

4.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

116.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2022			

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92383**

Amount of Each Disbursement this Period

6.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BALL, LUKE, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

2216.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BALL, LUKE, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2022			

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
ADVANCE CONSULTING & TRAVEL: MILEAGE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

1264.92

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2223.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: BAGGAGE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2022

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: BAGGAGE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2022

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

30.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: BAGGAGE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2022

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

30.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# SAVE AMERICA

**X** Memo Item

Three digital displays showing the date 10/02/2022 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '02' for the day, and the third shows '2022' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

**X** Memo Item

**X** Memo Item

State:  District:

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOGO AIR**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: INTERNET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOGO AIR**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: INTERNET

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**Mailing Address 185 BERRY STREET  
#5000City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				08				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

76.24

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

Full Name (Last, First, Middle Initial)

**A. NATIONAL CAR RENTAL**

Mailing Address 8420 ST. JOHN INDUSTRIAL DRIVE

City  
ST. LOUISState  
MOZip Code  
63114Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2022

FEC Identification Number

C

Transaction ID : SB21B.92386

Amount of Each Disbursement this Period

279.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RONALD REAGAN WASHINGTON NATIONAL AIRPORT**

Mailing Address 3401 SMITH BOULEVARD

City  
ARLINGTONState  
VAZip Code  
20001Purpose of Disbursement  
REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2022

FEC Identification Number

C

Transaction ID : SB21B.92386

Amount of Each Disbursement this Period

54.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RONALD REAGAN WASHINGTON NATIONAL AIRPORT**

Mailing Address 3401 SMITH BOULEVARD

City  
ARLINGTONState  
VAZip Code  
20001Purpose of Disbursement  
REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2022

FEC Identification Number

C

Transaction ID : SB21B.92386

Amount of Each Disbursement this Period

54.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				08				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

40.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

55.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

53.96

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

25.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				10				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92386**

Amount of Each Disbursement this Period

32.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOBB, CHRISTINA, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92291**

Amount of Each Disbursement this Period

514.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

514.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92291

Amount of Each Disbursement this Period

488.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HALLIGAN, LINDSEY, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

2595.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DESTINATION CONSULTANTS LLC**

Mailing Address 188 STRATFORD PLACE

City  
LAKEWOODState  
NJZip Code  
08701Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8							2
2022												

FEC Identification Number

**C**

Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

994.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2595.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. JETBLUE AIRLINES**

Mailing Address 27-01 QUEENS PLZ N

City  
LONG ISLAND CITYState  
NYZip Code  
11101Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

365.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHERN DISTRICT COURT OF FLORIDA**

Mailing Address 299 E BROWARD BLVD

City  
FORT LAUDERDALEState  
FLZip Code  
33301Purpose of Disbursement  
REIMBURSEMENT: FILING FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

76.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHERN DISTRICT COURT OF FLORIDA**

Mailing Address 299 E BROWARD BLVD

City  
FORT LAUDERDALEState  
FLZip Code  
33301Purpose of Disbursement  
REIMBURSEMENT: FILING FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

402.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. SOUTHERN DISTRICT COURT OF FLORIDA**

Mailing Address 299 E BROWARD BLVD

City  
FORT LAUDERDALEState  
FLZip Code  
33301Purpose of Disbursement  
REIMBURSEMENT: FILING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

13.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

47.94

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

8.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

27.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

123.28

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 72

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

## **A. UBER**

Mailing Address 1455 MARKET STREET  
#400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2022

FEC Identification Number

C Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

8.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET STREET  
#400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2022

FEC Identification Number

C Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

108.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET STREET  
#400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2022

FEC Identification Number

C Transaction ID : SB21B.92245

Amount of Each Disbursement this Period

109.68

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92245**

Amount of Each Disbursement this Period

108.72

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARP, NATALIE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
	1	0			0	3		2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92101**

Amount of Each Disbursement this Period

285.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
	0	9			1	2		2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92101**

Amount of Each Disbursement this Period

20.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	8	5	.	7	9								
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92101

Amount of Each Disbursement this Period

64.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92101

Amount of Each Disbursement this Period

93.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	2	2	

FEC Identification Number

**C**

Transaction ID : SB21B.92101

Amount of Each Disbursement this Period

17.98

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HARRIS, CHAMBERLAIN, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92101**

Amount of Each Disbursement this Period

265.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRIS, CHAMBERLAIN, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
ADVANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92101**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIELD OF GREENS**

Mailing Address 412 CLEMATIS ST

City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB21B.92101**

Amount of Each Disbursement this Period

133.63

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

265.84

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. NAUTA, WALTINE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
ADVANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92147**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PATTON, LYNNE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				03				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92109**

Amount of Each Disbursement this Period

764.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				28				2022					

FEC Identification Number

**C****Transaction ID : SB21B.92105**

Amount of Each Disbursement this Period

497.67

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

989.24

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 72

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

## **A. NEW YORK PRIME**

Mailing Address 3424 PEACHTREE RD NE  
STE 100

City  
ATLANTA

State  
GA

Zip Code  
30326

Purpose of Disbursement  
REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.92109

Amount of Each Disbursement this Period

161.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER**

Mailing Address 1455 MARKET STREET  
#400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.92109

Amount of Each Disbursement this Period

46.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. UBER**

Mailing Address 1455 MARKET STREET  
#400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2022

FEC Identification Number

**C** Transaction ID : SB21B.92109

Amount of Each Disbursement this Period

58.77

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

1933163.71



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. MAKE AMERICA GREAT AGAIN INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2022

Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00825851

**Transaction ID : SB23.921259**

Amount of Each Disbursement this Period

20000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20000000.00

**TOTAL** This Period (last page this line number only).....▶

20000000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. MICHIGANWORKS**

Mailing Address P.O. BOX 75650

City  
WASHINGTONState  
DCZip Code  
20013Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	2	

FEC Identification Number

**C****Transaction ID : SB29.922392**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FREE AND FAIR ARIZONA ELECTIONS**

Mailing Address 1520 BELLE VIEW BLVD #3438

City  
ALEXANDRIAState  
VAZip Code  
22307Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	2	

FEC Identification Number

**C****Transaction ID : SB29.922393**

Amount of Each Disbursement this Period

250000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISE NEVADA PAC**Mailing Address 6950 O'BANNON  
STE 100City  
LAS VEGASState  
NVZip Code  
89166Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	2	

FEC Identification Number

**C****Transaction ID : SB29.923964**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ARIZONA'S BOLD ERA PAC (A.B.E. PAC)**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		11		2022

Mailing Address 2465 CENTREVILLE RD  
STE J17-714City  
HERNDONState  
VAZip Code  
20171Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.922636**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTEGRITY SOS PAC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		11		2022

Mailing Address 299 GRAY WOODS LANE

City  
LAKE ANGELUSState  
MIZip Code  
48326Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.922720**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

200000.00

**TOTAL** This Period (last page this line number only).....▶

650000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GABRIEL STRATEGIES LLC**

Nature of Debt (Purpose):

**STRATEGY CONSULTING & TRAVEL  
EXPENSES**

Mailing Address PO BOX 10

City

RUMSON

State

NJ

Zip Code

07760

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.920250

Amount Incurred This Period

16829.31

Payment This Period

15000.00

Outstanding Balance at Close of This Period

16829.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ACUMEN SOLUTIONS GROUP LLC**

Nature of Debt (Purpose):

**INSURANCE**

Mailing Address 600 BROADHOLLOW ROAD SUITE 200

City

MELVILLE

State

NY

Zip Code

11747

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.924162

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**BCVM SERVICES LLC**

Nature of Debt (Purpose):

**RADIO ADVERTISING**Mailing Address 1512 E BROWARD BLVD  
UNIT 104B

City

FORT LAUDERDALE

State

FL

Zip Code

33301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923878

Amount Incurred This Period

14700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14700.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

34029.31

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 69 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**EVENT STRATEGIES, INC.**

Nature of Debt (Purpose):

AUDIO VISUAL SERVICES, EVENT  
STAGING EXPENSE & TRAVEL EXPENSESMailing Address 510 KING STREET  
SUITE 410City  
ALEXANDRIAState  
VAZip Code  
22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923402

Amount Incurred This Period

1012909.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

1012909.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GEORGETOWN ADVISORY**

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address 414 SAYRE DR.

City  
PRINCETONState  
NJZip Code  
08540

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923234

Amount Incurred This Period

30000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ORENSTEIN, JAMES, , ,**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 225 CADMAN PLAZA EAST

City  
BROOKLYNState  
NYZip Code  
11201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.921159

Amount Incurred This Period

13519.54

Payment This Period

0.00

Outstanding Balance at Close of This Period

13519.54

1) **SUBTOTALS** This Period This Page (optional)..... ►

1056429.07

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 70 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.**Nature of Debt (Purpose):  
LEGAL CONSULTING

Mailing Address ONE FINANCIAL CENTER

City  
BOSTONState  
MAZip Code  
02111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.924007

Amount Incurred This Period

56943.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56943.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NEAL & HARWELL, PLC**Nature of Debt (Purpose):  
LEGAL CONSULTINGMailing Address 1201 DEMONBREUN STREET  
SUITE 1000City  
NASHVILLEState  
TNZip Code  
37203

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923921

Amount Incurred This Period

2587.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2587.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PERICLES, LLC**Nature of Debt (Purpose):  
COMMUNICATIONS & POLITICAL  
STRATEGY CONSULTING & TRAVEL  
EXPENSES

Mailing Address 1150 4TH ST SW APT 1002

City  
WASHINGTONState  
DCZip Code  
20024

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.922861

Amount Incurred This Period

21336.09

Payment This Period

0.00

Outstanding Balance at Close of This Period

21336.09

1) **SUBTOTALS** This Period This Page (optional)..... ►

80866.59

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 71 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RED CURVE SOLUTIONS**

Nature of Debt (Purpose):

DATA PROCESSING SERVICES

Mailing Address 138 CONANT ST  
STE 201City  
BEVERLYState  
MAZip Code  
01915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923324

Amount Incurred This Period

28939.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

28939.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RICHARD M. BORCHARD REGIONAL FAIRGROUNDS**

Nature of Debt (Purpose):

FACILITY RENTAL

Mailing Address 1213 TERRY SHAMISE BLVD

City  
ROBSTOWNState  
TXZip Code  
78380

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923693

Amount Incurred This Period

13000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RIGHT AIM MEDIA, LLC**

Nature of Debt (Purpose):

DIGITAL ADVERTISING

Mailing Address 405 S. DALE MABRY HIGHWAY, STE 351

City  
TAMPAState  
FLZip Code  
33629

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923856

Amount Incurred This Period

22157.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

22157.71

1) **SUBTOTALS** This Period This Page (optional)..... ►

64096.88

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 72 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SILVERMAN THOMPSON SLUTKIN & WHITE, LLC**Nature of Debt (Purpose):  
LEGAL CONSULTINGMailing Address 400 EAST PRATT STREET  
SUITE 900City  
BALTIMOREState  
MDZip Code  
21202

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.922796

Amount Incurred This Period

151745.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

151745.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**TECHCENTRICS, INC**Nature of Debt (Purpose):  
IT SERVICES, OFFICE EQUIPMENT, &  
TRAVEL EXPENSES

Mailing Address 1217 LARONDE CT

City  
ALEXANDRIAState  
VAZip Code  
22307

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.922920

Amount Incurred This Period

21434.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

21434.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**VAN DER VEEN, HARTSHORN AND LEVIN**Nature of Debt (Purpose):  
LEGAL CONSULTING

Mailing Address 1219 SPRUCE ST

City  
PHILADELPHIAState  
PAZip Code  
19107

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.923646

Amount Incurred This Period

50000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

223179.09

2) **TOTALS** This Period (last page this line number only)..... ►

1458600.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1458600.94